

Certification for Wireless Special Needs Discount

To be eligible to receive a discount on your monthly wireless invoice, please fill out the information below. As a customer with special needs you qualify to extend the discount to one (1) additional Tbaytel wireless phone number. If you wish to do so, please complete Section C.

All information on this application will be kept confidential.

CUSTOMER INFORMATION (please print)	
First and Last name of the person with special	Tbaytel wireless telephone number of the person
needs applying for the Special Needs discount	with special needs
SECTION A: Certification for Special Needs Discount	
Your physician, audiologist, or other registered professio Alternatively, if you have a valid CNIB Identification Card	
First and last name of certifying official	
Organization represented	Telephone number (business)
I hereby certify that the applicant applying for certification has special requirements that would limit or increase their use of voice, data, or text in order to communicate with others.	
Signature of certifying official	Date
SECTION B: CNIB Identification Card details.	
First and last name as it appears on the card	CNIB Identification card number
SECTION C: Additional User for Special Needs Discount	
Name (first and last) of an additional person	
you would like to extend the discount to	Tbaytel wireless phone number
Signature of certifying official SECTION B: CNIB Identification Card details. First and last name as it appears on the card SECTION C: Additional User for Special Needs Discour	Date CNIB Identification card number nt

The completed form can be emailed to **customercare@tbaytel.net** or dropped off at a Tbaytel dealer location. Once processed, the discount will appear on your next invoice.